

# AIG SPORTS ACCIDENT AND HEALTH QUESTIONNAIRE:

## American International Companies

Insurance Provided by Members of American International Group, Inc.

### RISK INFORMATION

Organization Name:

DBA:

Address 1:

Address 2:

City:

State:

Zip Code:

Contact Name:

Phone:

Website:

Effective Date:

Expiration Date:

### PRODUCER INFORMATION

Producer Name:

Producer Code:

Agency Contact Name:

Address 1:

Address 2:

City: State: Zip Code:

Phone Number:

Fax Number:

## Exposure Section

1. Please circle one of the following Groups:

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>▪ Association</li> <li>▪ Club</li> <li>▪ Camp-Day</li> <li>▪ Camp-Overnight</li> </ul> | <ul style="list-style-type: none"> <li>▪ League</li> <li>▪ National Governing Body</li> <li>▪ Not-For-Profit</li> </ul> | <ul style="list-style-type: none"> <li>▪ Special Event</li> <li>▪ Team</li> <li>▪ Tournament</li> <li>▪ <b>Other</b></li> </ul> |
|---|---|---|

2. Sports Teams/Leagues Exposure Grid (Note: Use this grid for all groups *except* Camp-Day and Camp-Overnight. Please skip to #3 if the group is Camp-Day or Camp Overnight):

Age Group:	Sport Played:	First Practice Date: (mm/dd/yyyy)	Sport End Date:	Total Managers, Coaches, Volunteers:	Total Players:

3. **Day or Overnight Camp Exposure Grid** (Note: Overnight camp(s) and day camps can be written under the same policy on ProgramConnect; however, they cannot be written on the same policy with any other type of group i.e., a team, league, school, etc. Day camps; on the other hand, can be written with an overnight camp or any other group on ProgramConnect).

Age Group:	Sport Played:	Camp Start Date: (mm/dd/yyyy)	Camp End Date:	Total Staff and Volunteers:	Total Campers:	Number of Days:	Number Of Insured Days

**Note:** Insured Days is the sum of the days each counselor and camper will be at the camp. If one counselor will be present for ten days and two campers will each be present for five days, the number of Insured Days is 20: (1 counselor x 10 days) + (1 camper x 5 days) + (1 camper x 5 days) = 20 Insured days.

4. What is the total number of teams for all sports played?
5. If you currently have Accident and Health coverage, who is it with?
6. Have there been any Accident losses in the last 3 years? (Y / N)
  - Coverage is mandatory for all sports for which coverage has been requested

### Benefits and Limits (may vary based on the sport)

#### 7. Team/League Benefits and Limits:

Accidental Death and Dismemberment (\$5,000 - \$25,000):  
 Accident Medical Expense (\$25,000 - \$50,000):  
 Dental Maximum: Included in the AME Maximum  
 Integrated Deductible: \$0-\$1,000  
 Coverage Type: **Excess**  
 \$25,000 Lump Sum CAT Cash Coverage: (Y / N)

#### Camp Benefits and Limits (If applicable):

Accidental Death and Dismemberment: **\$25,000**  
 Accident Medical Expense: **\$25,000 or \$50,000**  
 Dental Maximum: Included in the AME Maximum  
 Integrated Deductible (\$0 - \$250):  
 Coverage Type: **Excess**  
 \$25,000 Lump Sum CAT Cash Coverage: (Y / N)

\*Premium is due upon billing.

---

**Fraud Warning(s)**

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Title \_\_\_\_\_  
(Must be signed by authorized officer)

Organization \_\_\_\_\_  
(Organization's Seal)

Attest \_\_\_\_\_

Producer \_\_\_\_\_

License Number \_\_\_\_\_